

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000026540

1. Entity Name
KITTS CUSTOM SLIPCOVERS, INC.



Principal Place of Business
8994 SEMINOLE BLVD
SEMINOLE, FL 33772

Mailing Address
8994 SEMINOLE BLVD
SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

FILED
Mar 24, 2004 08:00 AM
Secretary of State



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3501213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DECESARE, SUSAN K
8994 SEMINOLE BLVD
STE 4
LARGO, FL 33772

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UD00000094966
03/24/04-80013-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DECESARE, SUSAN K 8994 SEMINOLE BLVD SEMINOLE, FL 33772 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DECESARE, THOMAS M 8994 SEMINOLE BLVD SEMINOLE, FL 33772 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Susan K. Decesare

9-20-04

727-397-4606